

Interim Designation of Agent to Receive Notification of Claimed Infringement

Full Legal Name of Service Provider: CaringBridge

Alternative Name(s) of Service Provider (including all names under which the service provider is doing business): _____

Address of Service Provider: 3440 Federal Drive, Suite 100, Eagan, MN 55122

Name of Agent Designated to Receive
Notification of Claimed Infringement: Sona Mehring

Full Address of Designated Agent to which Notification Should be Sent (a P.O. Box or similar designation is not acceptable except where it is the only address that can be used in the geographic location):
3440 Federal Drive, Suite 100
Eagan, MN 55122

Telephone Number of Designated Agent: 651-452-7940

Facsimile Number of Designated Agent: 651-681-7115

Email Address of Designated Agent: sona@caringbridge.org

Signature of Officer or Representative of the Designating Service Provider: _____

Date: 8/1/2004

Typed or Printed Name and Title: _____

Sona mehring, Executive Director

Note: This Interim Designation Must be Accompanied by a \$30 Filing Fee
Made Payable to the Register of Copyrights.

RECEIVED

AUG 17 2004

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